

## MEDICAL CERTIFICATE FOR A CURRENT EMPLOYEE

### **PART A: Employee details**

**To be completed by the employer**

Surname of employee:	
Forenames:	
Title:	
Date of birth:	
NI Number:	
Home address:	
Employer:	
Place of work:	
<sup>1</sup> Nature of employment:	
Hours of employment (if part-time show proportion of full-time hours or weeks):	

Has the employee been working reduced contractual hours and had reduced pensionable pay as a consequence of the reduction in working hours due to their ill health or infirmity or mind or body?

☐ **YES**      ☐ **NO**

*If 'Yes', please attach a statement providing background details for example factors that led to the reduction in hours, number of hours by which the employee's hours were reduced, date(s) reduction(s) in hours occurred. This is to assist the registered medical practitioner when answering questions B8/B9.*

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<sup>1</sup> Please give full description of the requirements of the job and/or attach copy of job description if available.

**PART B: Medical practitioners' opinion**

*For bracketed number references see the explanatory notes section on page 6.*

**To be completed by the approved (1) registered medical practitioner**

**Please tick either B1 or B2.**

I certify that, in my opinion, the employee named in Part A

☐ **B1: IS**      ☐ **B2: IS NOT** suffering from a condition that, more likely than not, renders him / her permanently incapable (2) of discharging efficiently the duties of his / her employment with his / her employer because of ill health or infirmity of mind or body.

**If B1 has been ticked, please tick either B3 or B4. If B2 has been ticked, please complete Part D.**

I certify that, because of that ill health or infirmity of mind or body, the employee

☐ **B3: IS**      ☐ **B4: IS NOT** immediately capable of undertaking (3) any gainful employment (4).

**If B3 has been ticked, please move to Part D. If B4 has been ticked, please tick either B5 or B6 or B7.**

I certify that, in my opinion, as a result of that ill health or infirmity the employee named in Part A

☐ **B5: IS LIKELY** to be capable of undertaking (3) gainful employment (4) within the next three years (or before his / her normal pension age (5), if earlier). (TIER 3)

OR

☐ **B6: IS UNLIKELY** to be capable of undertaking (3) any gainful employment (4) within the next three years but **IS LIKELY** to be capable of undertaking gainful employment (4) at some time thereafter and before his / her normal pension age (5). (TIER 2)

OR

☐ **B7: IS UNLIKELY** to be capable of undertaking (3) gainful employment (4) before his / her normal pension age (5). (TIER 1)

**If B6 or B7 have been ticked and the employee has been working reduced contractual hours and had reduced pensionable pay as a consequence of the reduction in working hours (as indicated by the employer in Part A), please tick B8 or B9.**

I certify that, in my opinion, the employee named in Part A

☐ **B8: IS**      ☐ **B9: IS NOT**

in part-time service and working reduced contractual hours wholly or partly as a result of the condition that caused or contributed to the member's ill-health retirement.

**PART C: IRMP assessment for annual allowance exemption****To be completed by the approved registered medical practitioner***Severe ill health test statement - required by HMRC.***If B5, B6 or B7 have been ticked:**

I further certify that, in my opinion, the employee

☐ **B10: DOES**      ☐ **B11: DOES NOT**      satisfy the following statement:

As a result of his / her ill health or infirmity, the employee is unable to continue in his / her current job and is unlikely to be capable of taking on any other paid work in any capacity, otherwise than to an insignificant extent (6) before State pension age.

*(Note: the answer to this question is used to determine whether or not the person could be subject to a tax charge in accordance with the annual allowance test under the Finance Act 2004).*

**Please now complete Part D.****PART D: General statement by the IRMP****To be completed by the approved registered medical practitioner**☐ **I DO**      ☐ **I DO NOT** attach a copy of my full report / assessment and I certify that:

I have not previously advised or given an opinion on, or otherwise been involved in this case

AND I am registered with the General Medical Council

AND I hold a diploma in occupational health medicine (D Occ Med) or an equivalent qualification issued by a competent authority in an EEA State (with 'competent authority' having the meaning given by Section 55(1) of the Medical Act 1983), or I am an Associate, a Member or a Fellow of the Faculty of Occupational Medicine or of an equivalent institution in an EEA State

AND I have given due regard to the guidance issued by the Secretary of State when completing this certificate.

Signature of independent registered medical practitioner:

Practitioner's/company's stamp

Date:

Printed name of independent registered medical practitioner:

**PART E: Employer decision and evidence of the decision-making process****For completion by the employer**

For guidance on the employer decision please see our ill health retirement guide at <https://www.derbyshirepensionfund.org.uk/employer-guides> which is based on the Ombudsman guidance available at <https://www.lgpslibrary.org/assets/othergov/201511POSIH.pdf>.

**If the answer to any of the questions 1-6 is no, you may wish to check with your Independent Registered Medical Practitioner (IRMP). Please note questions 7 and 8 are for the decision makers record keeping.**

- 1) In their covering report, has the IRMP clearly reflected their recommendation made on this certificate? **\*Yes/No**
- 2) Has the IRMP used the specific criteria wording in their report that is in this certificate? **\*Yes/No**
- 3) In their covering report, has the IRMP confirmed that they have considered permanence of the incapacity from relevant employment in addition to the permanence of the medical condition itself? i.e. Even if the condition is curable have the symptoms left the individual permanently incapacitated from employment. **\*Yes/No**
- 4) In their covering report, has the IRMP applied the same wording for the gainful employment criteria that is set out in this certificate? **\*Yes/No**
- 5) In their covering report, has the question of untried treatments been addressed by the IRMP? The IRMP must be asked to give a view as to their likely effect and whether, on the balance of probabilities, the condition renders the member permanently incapable of discharging the duties of the employment. **\*Yes/No**
- 6) Where there is insufficient information or any uncertainty, have you sought clarification or further information from the IRMP? **\*Yes/No/Not applicable**
- 7) When you are making the decision on behalf of the employer, and there are conflicting medical opinions is it clear that you have considered all of the medical opinions and have you documented why you have given more weight to any/some? i.e. if the IRMP opinion is preferred over others, have you documented that all medical opinions have been considered and justified why one is preferred? **\*Yes/No/Not applicable**
- 8) When you are making the decision on behalf of the employer, have you documented that you have made a fully informed and considered decision? i.e. not adopted the IRMP opinion without question or justification. **\*Yes/No**

*\*Delete as applicable*

Narrative to support the decision:

### Retirement decision

I have considered the medical practitioner's report and all other available information and I hereby authorise and approve the retirement benefits coming into payment before normal pension age, having determined to terminate the employees current employment on the grounds of permanent ill health on , I confirm that I am an authorised decision maker for the employer and I agree to the subsequent award of an:

- ☐ Enhanced (1st tier) ill health pension, payable for life.
- ☐ Enhanced (2nd tier) ill health pension, payable for life.
- ☐ Un-enhanced (3rd tier) ill health pension, payable for a maximum of 3 years.
- ☐ No ill health pension, as the employee does not currently meet the criteria.

Signed on behalf of the employer:

Date:

Print name:

Position:

**EXPLANATORY NOTES: Meaning of terms used**

- (1) The independent registered medical practitioner signing the certificate must have been approved for this purpose by the Pension Fund administering authority.
- (2) 'Permanently incapable' means that the person will, more likely than not, be incapable of discharging efficiently the duties of their employment with the employer because of ill health or infirmity of mind or body until, at the earliest, their 'normal pension age' – see (5).
- (3) The independent registered medical practitioner is providing an opinion on the person's capability of undertaking gainful employment based solely on the effect the medical condition has on the person's ability to undertake gainful employment.
- (4) 'Gainful employment' means paid employment for not less than 30 hours in each week for a period of not less than 12 months. It does not have to be employment that is commensurate in terms of pay and conditions with that of the person's current employment.
- (5) 'Normal pension age' means the employee's individual State pension age at the time the employment is to be terminated, but with a minimum of age 65. State pension age was equalised to age 65 in November 2018. State pension age will continue to increase from December 2018 onwards. To determine an individual's State pension age please go to <http://www.pensionsadvisoryservice.org.uk/state-pensions/know-your-state-pension-age>
- (6) 'Insignificant extent' means, for example, that the person could undertake voluntary work or unpaid work where out of pocket expenses are reimbursed or small amounts of travelling or subsistence payments are made. Any paid work should be insignificant, for example it should be infrequent or only for a few days during the year and the payment must be small in amount, not just as a proportion of the pay or salary they are earning in their current job.

**GENERAL**

- (1) If B2 or B3 have been ticked, this means that the employee does not, in the medical opinion of the approved registered medical practitioner, meet the criteria for an ill health pension under the LGPS.
- (2) If B1, B4 and B5 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 3 ill health pension under the LGPS.
- (3) If B1, B4 and B6 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 2 ill health pension under the LGPS.
- (4) If B1, B4 and B7 have been ticked, this means that the employee, in the medical opinion of the approved registered medical practitioner, meets the criteria for a tier 1 ill health pension under the LGPS.
- (5) The opinion given by the approved registered medical practitioner does not, in itself, give entitlement or otherwise to an ill health award. Nor should the medical practitioner indicate to the employee that such an award will or will not be made. It is for the employer to make the formal ill health award determination.

- (6) If B8 has been ticked (i.e. the employee is in part-time service and working reduced contractual hours wholly or partly as a result of the condition that caused or contributed to the member's ill-health retirement) the employer can calculate the assumed pensionable pay upon which the member's enhancement to benefits is to be calculated as if the reduction in contractual hours and pay had not occurred.
- (7) If B10 has been ticked this means that there is no pension input amount for the purposes of the annual allowance test under the Finance Act 2004 as the person meets the 'severe ill health condition' under section 229 of that Act.
- (8) These notes were up-to-date when this form was reviewed in June 2019 and are provided for information only. They confer no contractual or statutory rights and in the event of any dispute the appropriate legislation will prevail.

*This is a medical certificate provided in respect of a current employee by an independent, approved, duly qualified registered medical practitioner in accordance with regulation 36 of the Local Government Pension Scheme Regulations 2013 and for the purposes of section 229(4) of the Finance Act 2004.*

### Current Employees review flowchart based on the explanatory notes on page 6

